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<small>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</small>		Complete if Known	
FEES TRANSMITTAL		Application Number	10/743,146-Conf. #7474
For FY 2008		Filing Date	December 23, 2003
		First Named Inventor	Hitoshi MATSUOKA
		Examiner Name	T. M. Dove
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1745
TOTAL AMOUNT OF PAYMENT		(S) 120.00	Attorney Docket No.
1691-0195P			

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number:		02-2448
		Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP		

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fees under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

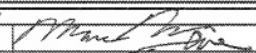
Fee Description	Small Entity		Fee (\$)		Fee (\$)	
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)					50	25
Each independent claim over 3 (including Reissues)					210	105
Multiple dependent claims					370	185
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		Multiple Dependent Claims	
19	- 20 =	0	x 50.00	=	0.00	
HP = highest number of total claims paid for, if greater than 20.						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		Fee (\$)	Fee Paid (\$)
1	- 3 =	0	x 210.00	=	0.00	
HP = highest number of independent claims paid for, if greater than 3.						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50 =	(round up to a whole number) x	=

4. OTHER FEE(S)	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1251 Extension for response within first month	120.00

SUBMITTED BY	
Signature	
Registration No. (Attorney/Agent)	32,181
Telephone	(703) 205-8000
Name (Print/Type)	Marc S. Weiner
Date	February 5, 2008